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Application Number	10/500,681
Filing Date	8-26-04
First Named Inventor	Descamps
Art Unit	
Examiner Name	
Attorney Docket Number	SN125

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 00137☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Robert L. McKellar		
Date	June 14, 2006	Telephone	989-631-4551

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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